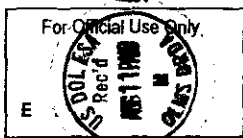


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - <u>2025</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>David C Schmitz</u> P.O. Box, Bldg., Room No., if any _____ Street <u>809 W. Nickerson</u> City <u>Seattle</u> State <u>WA</u> ZIP Code + 4 <u>98119-1423</u>	4. Name, file number, and address of labor organization. Name <u>United Food and Commercial Workers Local 1001</u> Labor Organization File Number <u>066-644</u> P.O. Box, Building and Room Number, if any _____ Street <u>12818 S.E. 40th Place</u> City <u>Bellevue</u> State <u>WA</u> ZIP Code + 4 <u>98006-1293</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>David C Schmitz</u>	On <u>8/10/05</u> Date	<u>(606) 282-3472</u> Telephone Number

Name of Person Filing

David C Schmitz

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Retail Drug Employees Welfare Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2815 Second Avenue Suite 300City SeattleState WA ZIP Code + 4 98121-1261

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

The trust fund is a multiemployer Taft Hartley employee benefit fund that provides fringe benefit coverage to employees represented by the union (and to employees of the union). The union is one of the settlers of the fund and makes hourly contributions to the fund on behalf of its own employees.

11.b. Approximate dollar value of such dealing.

\$194,608.

12.a. Nature of interest held or income received.

In kind food and beverage at Trustees meeting

12.b. Amount.

\$27.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Ending date of reporting period is 12/31/2014

Name of Person Filing

David C Schmitz

File Number U-

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8. Name and address of Business (including trade name, if any).

Name Retail Drug Employees Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2915 Second Avenue Suite 300

City Seattle

State WA ZIP Code + 4 98121-126

**9. Business deals with:**

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name \_\_\_\_\_

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

**11.a. Nature of such dealing.**

The trust fund is a multiemployer Taft Hartley employee benefit fund that provides fringe benefits coverage to employees represented by the union (and to employers of the union). The union is one of the settlors of the fund and makes hourly contributions to the fund on behalf of its own employees.

11.b. Approximate dollar value of such dealing.

\$ 73,996

12.a. Nature of interest held or income received.

In kind food and beverage at  
Trustees meeting

**12.b. Amount.**

\$ 29

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant  
(including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street \_\_\_\_\_

City \_\_\_\_\_

State ZIP Code + 4

**14.a. Nature of payment.**

**14.b. Amount of payment.**

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

Ending date of reporting period is 12/31/05

1087

Ending date of reporting period is 12/31/04

Name of Person Filing	David C Schmitz	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Retail Drvg Employees Welfare Trust  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 2815 Second Avenue Suite 300  
City Seattle  
State WA ZIP Code + 4 98121-1261

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

11.a. Nature of such dealing.

The trust fund is a multiemployer Taft Hartley employee benefit fund that provides fringe benefit coverage to employees represented by the union (and to employees of the union). The union is one of the sponsors of the fund and makes hourly contributions to the fund on behalf of its own employees.

11.b. Approximate dollar value of such dealing.

\$194,608.

12.a. Nature of interest held or income received.

Direct payment for registration for the International Foundation of Employee Benefit Plans (IFEBC) Educational Conference to be held in November 2005.

12.b. Amount.

\$960.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

Ending date of reporting period is 12/31/04

Ending date of reporting period is 12/31/04

Name of Person Filing <b>David C Schmitz</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Retail Drvg Employees Welfare Trust**  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street **2015 Second Avenue Suite 800**  
City **Seattle**  
State **WA** ZIP Code + 4 **98121-1261**

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State ZIP Code + 4

11.a. Nature of such dealing.

The trust fund is a multiemployer Taft Hartley employee benefit fund that provides fringe benefit coverage to employees represented by the union (and to employees of the union). The union is one of the settlers of the fund and makes hourly contributions to the fund on behalf of its own employees.

11.b. Approximate dollar value of such dealing.

**\$194,608**

12.a. Nature of interest held or income received.

Direct payment for hotel deposit for International Foundation of Employee Benefit Plans (IFEBC) Educational Conference to be held in November 2005

12.b. Amount.

**\$350.**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State ZIP Code + 4

14.a. Nature of payment.

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13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

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Ending date of reporting period is 12/31/04

Ending date of reporting period is 12/31/04

Name of Person Filing <u>David C Schmitz</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Retail Drvg Employees Pension Trust  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any: \_\_\_\_\_  
Street 2815 Second Avenue Suite 300  
City Seattle  
State WA ZIP Code + 4 98121-1261

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: \_\_\_\_\_  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP Code + 4: \_\_\_\_\_

11.a. Nature of such dealing.

The trust fund is a multiemployer Taft Hartley employee benefit fund that provides fringe benefit coverage to employees represented by the union (and to employees of the union). The union is one of the settlers of the fund and makes hourly contributions to the fund on behalf of its own employees.

11.b. Approximate dollar value of such dealing.

\$ 78,996.

12.a. Nature of interest held or income received.

Reimbursement for airline ticket to attend the 2004 International Foundation of Employee Benefit Plans (IFEPP) Conference which was canceled.

12.b. Amount.

\$ 239.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: \_\_\_\_\_  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP Code + 4: \_\_\_\_\_

14.a. Nature of payment.

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13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

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Ending date of reporting period is 12/31/04

Ending date of reporting period is 12/31/04

Name of Person Filing <u>David C Schmitz</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Rinehart & Robblee Attorneys PLLP  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any 1620 Metropolitan Park Bldg.  
Street 1100 Olive Way  
City Seattle  
State WA ZIP Code + 4 98101-1827

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State   
ZIP Code + 4

11.a. Nature of such dealing.

Legal counsel for UFCW Local 1001

11.b. Approximate dollar value of such dealing.

\$141,310.

12.a. Nature of interest held or income received.

In kind dinner

12.b. Amount.

\$75.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State   
ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Ending date of reporting period is 12/31/04

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Ending date of reporting period is 12/31/04

Name of Person Filing <u>David C Schmitz</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Smith McKensie Rothwell & Berlow P.S.  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 500 Union Street Suite 700  
City Seattle  
State WA ZIP Code + 4 98121-2396

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Retail Drug Employees Welfare and Pension Trusts  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 2815 Second Ave. Suite 300  
City Seattle  
State WA ZIP Code + 4 98121-1261

11.a. Nature of such dealing.

Legal counsel for trusts

11.b. Approximate dollar value of such dealing.

\$35,006.

12.a. Nature of interest held or income received.

In kind holiday lunch

12.b. Amount.

\$35.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State   
ZIP Code + 4

14.a. Nature of payment

14.b. Amount of payment

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

Ending date of reporting period is 12/31/04

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